



APPLICATION FOR A PRACTICE PERMIT

*Please return this form to Motorcycling Queensland via either
Fax: (07) 3812-2742, or Post PO Box 2072 North Ipswich Qld 4305,
at least 5 days prior to your requested day/s.*

Club / Promoter: _____

Address: _____

Contact Person: _____ Phone: _____ Fax: _____

Email: _____ Signature: _____

Practice Supervisor: _____

Venue: _____

Please provide a Practice Permit for the following (tick relevant box):

- | | | |
|---|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Motocross | <input type="checkbox"/> Super Moto | <input type="checkbox"/> Speedway |
| <input type="checkbox"/> Dirt Track | <input type="checkbox"/> Trail Ride | <input type="checkbox"/> Mini Moto |
| <input type="checkbox"/> Road Racing | <input type="checkbox"/> Moto Trials | <input type="checkbox"/> Fast 50's |
| <input type="checkbox"/> Other (please specify) _____ | | |

COMPLETE ONE BOX ONLY:

<u>Single Activity Permit</u>	
Permit on	____ / ____ / 20__
Between	_____ am/pm and _____ am/pm.

<u>Monthly Permit</u>	
Permit for Practice in the month of: _____	
<input type="checkbox"/> Mon	<input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
Between	_____ am/pm and _____ am/pm

FOR OFFICE USE ONLY:

Motorcycling Queensland issues this Permit for the event listed above

Signed: _____ Date: _____